



Utah Professionals
Health Program

Evaluation Initial Recommendations

Please email to uphp@utah.gov within **1** business day of evaluation

Name: _____

Date of Evaluation: _____

Synopsis of Evaluation: _____

Diagnostic Impression: _____

Recommendations (Treatment, Ability to Practice, Etc.): _____

I would like to discuss this case with the UPHP Medical Director or Program Manager prior to finalizing my report: Y or N

My contact number is _____

Printed Name

Signature